



## URINARY ANTIINFECTIVES PA SUMMARY

Preferred	Non-Preferred
Methenamine mandelate generic Urin D/S Macrochantin 25 mg (nitrofurantoin) Monurol (fosfomycin tromethamine) Nitrofurantoin generics Prosed-DS Uroquid #2 (methenamine mendelate/sodium phosphate)	Methenamine hippurate generic UR N-C Urimar-T Urogesic Blue

**LENGTH OF AUTHORIZATION:** 1 Year

### PA CRITERIA:

#### *Methenamine Hippurate Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, generic methenamine mandelate, is not appropriate for the member.

#### *UR N-C*

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, Urin D/S, is not appropriate for the member.

#### *Urimar-T and Urogesic Blue*

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to two preferred products.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.